Anxiety and Depression Among Young Women Affected by Breast Cancer

Living Beyond Breast Cancer: Young Women’s Initiative

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The presenter has no financial interests to disclose
Why Young Women?

- Prevalence of Breast Cancer
  - All women
    - 2.9 million US cases
    - 200,000 new cases a year
    - 12% lifetime risk
  - Only a minority of cases associated with known risk factors
  - Most common cancer in Latinas
  - Prophylactic surgery in younger women
  - More severe in younger women
  - Slow increase in Stage IV disease in young women
Why Young Women?

- Physical Factors
  - Menopause
  - Fertility
  - Body image
Why Young Women?

- Career
  - Complicating transitions (home to work, back to work)
  - Age and illness discrimination
Why Young Women?

- Logistical
  - Insurance
  - Household stability
Why Young Women?

- Developmental
  - Separation from parents
  - Early relationship
  - No children
  - Young children
  - “Linchpin” generation
Recognition

- **Prevalence**
  - In all cancer patients may be double that of general population
  - Higher anxiety in younger women
  - Subsyndromal distress may be higher in younger women
  - Trajectory of symptoms may vary in younger women
## Recognition

### Depression

<table>
<thead>
<tr>
<th>SIGECAPS</th>
<th>Endicott Criteria</th>
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</thead>
<tbody>
<tr>
<td>S Sleep—insomnia or hypersomnia</td>
<td>Social withdrawal</td>
</tr>
<tr>
<td>I Interest—anhedonia</td>
<td>(same)</td>
</tr>
<tr>
<td>G Guilt</td>
<td>(same)</td>
</tr>
<tr>
<td>E Energy—daily fatigue</td>
<td>Excessive pessimism or self-pity</td>
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<tr>
<td>C Concentration</td>
<td>Nonreactive mood</td>
</tr>
<tr>
<td>A Appetite</td>
<td>Depressed appearance</td>
</tr>
<tr>
<td>P Psychomotor agitation or retardation</td>
<td>(same)</td>
</tr>
<tr>
<td>S Suicidal ideation</td>
<td>(same)</td>
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</tbody>
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Recognition

- Anxiety
  - Intrusive worries
  - Panic
  - Checking behavior
  - Compulsions
  - Significant distress or impairment
  - Avoidance
Recognition

- Post-Traumatic Stress
  - Re-experiencing (nightmares, flashbacks)
  - Hyperarousal (startling, insomnia)
- Avoidance
- Negative cognitions
Recognition

- Screening
  - Thoughts of suicide
  - Institutional norms
  - Subsyndromal measures may be more revealing
  - Anger, avoidance may be important signs
Recognition

- Role of oncologists, social workers
  - Formal institutional requirements for screening
  - Most patients want to discuss emotional issues
    - Ask about distress in routine clinical interactions
    - “What have you been doing to get through/cope?”
    - “Are you depressed,” one question screen
    - “Has it been so bad you had thoughts of killing yourself?”
  - Referral (local, familiar better if possible)
    - Suicidality is suspected
    - Patient has not responded after 4-6 weeks of medication or clinical social support
    - Symptoms disrupt treatment
Treatment

- Similar to that in general population
- Medications
- Therapy
- Lifestyle
- Groups
Treatment

- **Medications**
  - **Antidepressants**
    - *Serotonin reuptake inhibitors (SRI)*
    - *Serotonin norepinephrine reuptake inhibitors (SNRI) (hot flashes)*
    - *Others for symptomatic treatment (mirtazapine, tricyclics)*
  - **Tamoxifen limits choice**
    - *Venlafaxine, citalopram, escitalopram, non-SRI-SNRI*
    - *Weigh risks and benefits given QT prolongation*
  - **Benzodiazepines, hypnotics**
  - **Antipsychotics (weigh risks and benefits)**
    - *Prolactin elevation, may be especially important in adolescents*
    - *Diagnosed major depression, bipolar disorder, schizophrenic spectrum*
    - *Temporary use for severe anxiety, delirium*
Treatment

- Psychotherapy
  - Cognitive behavioral and supportive therapy
  - Tripartite model
Treatment

“I feel so angry/ can’t breathe”

Feelings Sensations

Actions

Thoughts

Cancel appointment

“I can’t do anything”

Exaggeration; Catastrophizing; All or Nothing; Minimizing
Treatment

- Psychotherapy
  - Cognitive behavioral and supportive therapy
  - Tripartite model
  - Avoidance
  - Exposure
  - Behavioral activation
Treatment

- Moderate physical exercise
  - Scheduled
  - Achievable

- Sexual health
  - Gynecologists may be more available than psychologists

- Groups
  - Both important and challenging for younger women
Gaps

- Stage IV cancer
- Men
- Sexual minorities
Gaps

- **Ethnicity and race**
  - Significant majority of research with caucasian women
  - Lower rates of utilization even when access is similar
  - Social networks may be more important for minorities
    - *Information*
    - *Support*
- Sex distribution may differ
- Symptom trajectory may differ
Summary

- Advanced breast cancer is increasing in younger women
- Younger women may have special psychosocial risks: physical, professional, developmental
- Anxiety is significantly higher in younger women
- Subsyndromal distress may be higher and longer lasting
- Distress screening may supplement standard diagnostic screening; anger and avoidance may be important clues
- Psychiatric symptoms are managed with medications, psychotherapy, lifestyle interventions
- Groups if appropriate may be especially important for younger women
- Needs in ethnic and racial minorities may be unrecognized
Notes


Notes


Notes


Notes
